PRV – Check Un-cashed Checks Approaching 90 Days

Purpose:

To notify guardians of Residential Care Facility (RCF) Medicaid members who neglect to cash or deposit a check within 90 days of issuance. A check is considered stale-dated if not cashed within six months. The Department of Human Services (DHS) Fiscal Management (FM) will identify aging checks based on a monthly report from the bank. As aging checks reach 90 days, DHS Fiscal Management e-mails a list of Medicaid member names, check numbers, check dates and check amounts to IME Provider Services

Identification of Roles:

Associate Analyst DHS Fiscal Management IME Core Helpdesk

Performance Standards:

- a. 95% of stale dated check notices created and mailed 5 business days after the Approaching 90 Day Stale spreadsheet is received from Fiscal Management
- b. 100% of stale dated check notices created and mailed 6 business days after the Approaching 90 Day Stale spreadsheet is received from Fiscal Management

Path of Business Procedure:

Step 1: DHS Fiscal Management e-mails the spreadsheet of checks that are approaching 90 days to the Associate Analyst

Step 2: Save the spreadsheet to the folder titled Approaching Stale Date found in the Dated Check Research share drive (DATEDCHKRESEARCH)

a. Title the document with the month and year (mmyy) Approaching Stale date

Step 3: Locate the Claim in MMIS

- a. Locate the claim in the Medicaid Management Information System (MMIS) enter 5 (Claims Inquiry)
 - 1. On the Claim Inquiry Key Panel, place an "X" next to the All Claims Files
 - 2. Tab to the Recipient ID field and enter the member number shown on the spreadsheet
 - 3. Tab to the Payment Date and enter the check issue date found on the spreadsheet and hit the Enter key
 - 4. Locate the check number (shown on the spreadsheet), Pay-To-Provider and date of service on the claim. Exit the screen and enter this information along with the member number on the Claim Inquiry Key Panel. Search the claims to ensure no adjustments have been made or that the check was returned.

5. Once the claim is located, place the cursor under the Provider number found at the top of the claim (RCF provider numbers begin with "089" and guardians begin with "03" and hit the F4 key which brings up the guardian name and address.

Step 4: Create the Approaching Stale Date Letters

- a. Go into OnBase
 - 1. Click on File
 - 2. Choose New -Document Template
 - 3. Choose the letter titled PRV Stale Dated Check Letter RCF
- b. Go back into MMIS
 - 1. Copy and paste the guardian name and address found in MMIS when doing number 5 shown in Step 3 above
 - 2. Enter the following information from MMIS onto the letter
 - i. Provider Legacy number
 - ii. Check Date
 - iii. Check Amount
 - iv. Check Number
 - v. Date of Service

Step 5: Mail the letter

 a. Include the Affidavit and the Agreement For Issuance of Duplicate Check (470-4228) form with the letter. The form is found on the DHS webpage, http://dhs.iowa.gov/ime/providers/forms

Step 6: On the spreadsheet enter the date the letter was mailed

Forms/Reports:

Affidavit and Agreement For Issuance of Duplicate Check

RFP References:

6.4.3.2.c

Interfaces:

OnBase MMIS

Attachments:

Stale Dated Check Letter

Attachment



Terry E. Branstad

Kim Reynolds Lt. Governor Charles M. Palmer Director

[Provider Name] [Address] [City, State, Zip]

[Date]

RE: Outstanding Iowa Medicaid Enterprise Remittance Check Issued to [Enter Guardian Name] for [Member Name], [Member ID]

NPI Number: [NPI Number]

 CHECK DATE:
 [Enter Date]

 CHECK AMOUNT:
 [Enter Amount]

 CHECK NUMBER:
 [Enter Number]

 DATE OF SERVICE:
 [Enter Date]

Dear Medicaid Provider:

Our records indicate that the above referenced lowa Medicaid Remittance Check has not been cashed. Iowa Medicaid Enterprise Remittance Checks are valid for 180 days from the check issue date. As you can see, the check will soon be outdated and the guardian will not be able to cash the check. Once the check is outdated, the claims will be credited and you will have to resubmit the claims.

If the guardian does not have the above referenced check, please have them complete the enclosed Affidavit and return the signed Affidavit to Provider Services at the address listed on the Affidavit

If you have any questions, please contact me at 515-974 [Enter Extension].

Sincerely,

[Your Name] Provider Services Unit Iowa Medicaid Enterprise

enclosure

lowa Medicald Enterprise - 100 Army Post Road - Des Moines, IA 50315